

10/563657

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		1				
4		1				
5		1				
6	1					
7		0				
8		0				
9		0				
10		0				
11		0				
12		0				
13		0				
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17		0				
18		0				
19		0				
20		0				
21		0				
22	1					
23		0				
24	1					
25		1				
26		0				
27		0				
28		0				
29		0				
30	1		1			
31		1				
32		2				
33		2				
34	0		1			
35		1				
36		3				
37		0				
38		0				
39		0				
40	1		1			
41		1				
42		0	1			
43		0				
44		0				
45		0				
46		0				
47		0				
48		0				
49		0				
50						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		←	30	←		←
TOTAL CLAIMS			35			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						